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2/2/8

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| LAND-GENERATOR # 1430655015 EPA AIR-143065 AAR WATER 0035611 | | POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT PART 1 - SITE INFORMATION AND ASSESSMENT | | I. IDENTIFICATION 01 STATE 02 SITE NUMBER ILD 006215727 | |
| II. SITE NAME AND LOCATION | | | | | |
| 01 SITE NAME (Legal, common, or descriptive name of site) BEMIS COMPANY INC. | | | 02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER P.O. BOX 668 | | |
| 03 CITY PEORIA | | | 04 STATE 05 ZIP CODE 06 COUNTY IL 61603 PEORIA | | 07 COUNTY CODE 08 CONG DIST 143 18 |
| 09 COORDINATES LATITUDE LONGITUDE 40 41 28.0 089 35 30.0 | | | PEORIA EAST-108A | | |
| 10 DIRECTIONS TO SITE (Starting from nearest public road) SEE ATTACHMENTS ON THE BACK | | | | | |
| III. RESPONSIBLE PARTIES | | | | | |
| 01 OWNER (If known) BEMIS COMPANY INC. | | | 02 STREET (Business, mailing, residential) 800 NORTHSTAR CENTER | | |
| 03 CITY MINNEAPOLIS | | | 04 STATE 05 ZIP CODE 06 TELEPHONE NUMBER MN 55402 (612) 340-6180 | | |
| 07 OPERATOR (If known and different from owner) | | | 08 STREET (Business, mailing, residential) | | |
| 09 CITY | | | 10 STATE 11 ZIP CODE 12 TELEPHONE NUMBER () | | |
| 13 TYPE OF OWNERSHIP (Check one) <input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN | | | | | |
| 14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply) <input checked="" type="checkbox"/> A. RCRA 3001 DATE RECEIVED: 0609/01 MONTH DAY YEAR <input type="checkbox"/> B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: _____ MONTH DAY YEAR <input type="checkbox"/> C. NONE | | | | | |
| IV. CHARACTERIZATION OF POTENTIAL HAZARD | | | | | |
| 01 ON SITE INSPECTION <input checked="" type="checkbox"/> YES DATE 11 26 97 MONTH DAY YEAR <input type="checkbox"/> NO 04 04 84 | | | BY (Check all that apply) <input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input checked="" type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify) CONTRACTOR NAME(S): _____ | | |
| 02 SITE STATUS (Check one) <input checked="" type="checkbox"/> A. ACTIVE <input type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN | | | 03 YEARS OF OPERATION 1920 BEGINNING YEAR - ENDING YEAR <input type="checkbox"/> UNKNOWN | | |
| 04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED ACIDS(CORROSIVE) | | | | | |
| 05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION AIR(POP/ENVIR) | | | | | |
| V. PRIORITY ASSESSMENT | | | | | |
| 01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents) <input type="checkbox"/> A. HIGH (Inspection required promptly) <input type="checkbox"/> B. MEDIUM (Inspection required) <input checked="" type="checkbox"/> C. LOW (Inspect on time available basis) <input type="checkbox"/> D. NONE (No further action needed, complete current disposition form) | | | | | |
| VI. INFORMATION AVAILABLE FROM | | | | | |
| 01 CONTACT LAWRENCE J. ROHMAN | | 02 OF (Agency/Organization) PLANT ENGINEER | | 03 TELEPHONE NUMBER 309 682-5400 | |
| 04 PERSON RESPONSIBLE FOR ASSESSMENT LARRY WINNER | | 05 AGENCY IEPA | | 06 ORGANIZATION HSPS | |
| | | 07 TELEPHONE NUMBER 217 782-9848 | | 08 DATE 01 02 85 MONTH DAY YEAR | |

EPA FORM 2070-12 (7-81)

EPA Region 5 Records Ctr.



293434

LAND GENERATOR #1430655015

POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT PART 2 - WASTE INFORMATION

I. IDENTIFICATION

| | |
|----------|----------------|
| 01 STATE | 02 SITE NUMBER |
|----------|----------------|

ILD006215727

II. WASTE STATES, QUANTITIES, AND CHARACTERISTICS

| | | | |
|--------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| 01 PHYSICAL STATES Check all that apply | 02 WASTE QUANTITY AT SITE <i>Measures of waste quantities must be independent</i> | 03 WASTE CHARACTERISTICS Check all that apply | |
| A SOLID B POWDER FINES C SLUDGE D OTHER | TONS CUBIC YARDS NO OF DRUMS | A TOXIC B CORROSIVE C RADIOACTIVE D PERSISTENT | E SOLUBLE F INFLAMMABLE G FLAMMABLE H IGNITABLE I HIGHLY VOLATILE J EXPLOSIVE K REACTIVE L INCOMPATIBLE M NOT APPLICABLE |
| E SLURRY F LIQUID G GAS | 145 | | |
| Specify | | | |

III. WASTE TYPE

| CATEGORY | SUBSTANCE NAME | 01 GROSS AMOUNT | 02 UNIT OF MEASURE | 03 COMMENTS |
|----------|-------------------------|-----------------|--------------------|--------------------------------------------|
| SLU | SLUDGE | | | |
| OLW | OILY WASTE | | | |
| SOL | SOLVENTS | 14.5 | DR. | TETRACHLOROETHYLENE, 1,1,1-TRICHLOROETHANE |
| PSD | PESTICIDES | | | |
| OCC | OTHER ORGANIC CHEMICALS | | | |
| IOC | INORGANIC CHEMICALS | | | |
| ACD | ACIDS | UNKNOWN | | SULFUR DIOXIDE |
| BAS | BASES | | | |
| MES | HEAVY METALS | | | |

IV. HAZARDOUS SUBSTANCES (See Appendix for most frequently cited CAS Numbers)

[illegible]

V. FEEDSTOCKS *See Appendix for CAS Numbers*

| CATEGORY | 01 FEEDSTOCK NAME | 02 CAS NUMBER | CATEGORY | 01 FEEDSTOCK NAME | 02 CAS NUMBER |
|----------|-------------------|---------------|----------|-------------------|---------------|
| FDS | | | FDS | | |
| FDS | | | FDS | | |
| FDS | | | FDS | | |
| FDS | | | FDS | | |

VI. SOURCES OF INFORMATION (Cite specific references e.g. state files, sample analysis, reports.)

IEPA-LAND-WATER AND AIR FILE'S

| | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------|--|
| LAND GENERATOR # 1430655015 EPA AIR-143065 AAR WATER-0035611 | | POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS | | I. IDENTIFICATION 01 STATE 02 SITE NUMBER ILD 006215727 | |
| II. HAZARDOUS CONDITIONS AND INCIDENTS <small>(Continued)</small> | | | | | |
| 01 <input type="checkbox"/> J. DAMAGE TO FLORA 04 NARRATIVE DESCRIPTION | | 02 <input type="checkbox"/> OBSERVED (DATE: _____) <input type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED | | | |
| 01 <input type="checkbox"/> K. DAMAGE TO FAUNA 04 NARRATIVE DESCRIPTION <small>(include name(s) of species)</small> | | 02 <input type="checkbox"/> OBSERVED (DATE: _____) <input type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED | | | |
| 01 <input type="checkbox"/> L. CONTAMINATION OF FOOD CHAIN 04 NARRATIVE DESCRIPTION | | 02 <input type="checkbox"/> OBSERVED (DATE: _____) <input type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED | | | |
| 01 <input type="checkbox"/> M. UNSTABLE CONTAINMENT OF WASTES <small>(Spills, run-off, standing liquids, leaking drums)</small> 03 POPULATION POTENTIALLY AFFECTED _____ | | 02 <input type="checkbox"/> OBSERVED (DATE: _____) <input type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED 04 NARRATIVE DESCRIPTION | | | |
| 01 <input type="checkbox"/> N. DAMAGE TO OFFSITE PROPERTY 04 NARRATIVE DESCRIPTION | | 02 <input type="checkbox"/> OBSERVED (DATE: _____) <input type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED | | | |
| 01 <input type="checkbox"/> O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs 04 NARRATIVE DESCRIPTION | | 02 <input type="checkbox"/> OBSERVED (DATE: _____) <input type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED | | | |
| 01 <input type="checkbox"/> P. ILLEGAL/UNAUTHORIZED DUMPING 04 NARRATIVE DESCRIPTION | | 02 <input type="checkbox"/> OBSERVED (DATE: _____) <input type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED | | | |
| 05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS | | | | | |
| III. TOTAL POPULATION POTENTIALLY AFFECTED: 381,845+ | | | | | |
| IV. COMMENTS | | | | | |
| | | | | | |
| V. SOURCES OF INFORMATION <small>(Cite specific references, e.g., state files, sample analysis, reports)</small> | | | | | |
| I E P A- LAND- WATER AND AIR FILE'S | | | | | |

| | | | | | |
|----------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------|--|
| LAND GENERATOR #143065015 EPA AIR-143065 AAR WATER-0035611 | | POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS | | I. IDENTIFICATION 01 STATE 02 SITE NUMBER ILD 006215727 | |
| II. HAZARDOUS CONDITIONS AND INCIDENTS | | | | | |
| 01 <input type="checkbox"/> A. GROUNDWATER CONTAMINATION 03 POPULATION POTENTIALLY AFFECTED _____ | | 02 <input type="checkbox"/> OBSERVED (DATE _____) 04 NARRATIVE DESCRIPTION _____ | | POTENTIAL <input type="checkbox"/> ALLEGED <input type="checkbox"/> | |
| 01 <input type="checkbox"/> B. SURFACE WATER CONTAMINATION 03 POPULATION POTENTIALLY AFFECTED _____ | | 02 <input type="checkbox"/> OBSERVED (DATE _____) 04 NARRATIVE DESCRIPTION _____ | | POTENTIAL <input type="checkbox"/> ALLEGED <input type="checkbox"/> | |
| 01 <input type="checkbox"/> C. CONTAMINATION OF AIR 03 POPULATION POTENTIALLY AFFECTED 381,845. | | 02 <input type="checkbox"/> OBSERVED (DATE _____) 04 NARRATIVE DESCRIPTION _____ | | POTENTIAL <input type="checkbox"/> ALLEGED <input type="checkbox"/> | |
| SULFUR DIOXIDE FROM COAL-FIRED BOILER. | | | | | |
| 01 <input type="checkbox"/> D. FIRE/EXPLOSIVE CONDITIONS 03 POPULATION POTENTIALLY AFFECTED _____ | | 02 <input type="checkbox"/> OBSERVED (DATE _____) 04 NARRATIVE DESCRIPTION _____ | | POTENTIAL <input type="checkbox"/> ALLEGED <input type="checkbox"/> | |
| 01 <input type="checkbox"/> E. DIRECT CONTACT 03 POPULATION POTENTIALLY AFFECTED _____ | | 02 <input type="checkbox"/> OBSERVED (DATE _____) 04 NARRATIVE DESCRIPTION _____ | | POTENTIAL <input type="checkbox"/> ALLEGED <input type="checkbox"/> | |
| 01 <input type="checkbox"/> F. CONTAMINATION OF SOIL 03 AREA POTENTIALLY AFFECTED _____ <small>(Acres)</small> | | 02 <input type="checkbox"/> OBSERVED (DATE _____) 04 NARRATIVE DESCRIPTION _____ | | POTENTIAL <input type="checkbox"/> ALLEGED <input type="checkbox"/> | |
| 01 <input type="checkbox"/> G. DRINKING WATER CONTAMINATION 03 POPULATION POTENTIALLY AFFECTED _____ | | 02 <input type="checkbox"/> OBSERVED (DATE _____) 04 NARRATIVE DESCRIPTION _____ | | POTENTIAL <input type="checkbox"/> ALLEGED <input type="checkbox"/> | |
| 01 <input type="checkbox"/> H. WORKER EXPOSURE/INJURY 03 WORKERS POTENTIALLY AFFECTED _____ | | 02 <input type="checkbox"/> OBSERVED (DATE _____) 04 NARRATIVE DESCRIPTION _____ | | POTENTIAL <input type="checkbox"/> ALLEGED <input type="checkbox"/> | |
| 01 <input type="checkbox"/> I. POPULATION EXPOSURE/INJURY 03 POPULATION POTENTIALLY AFFECTED _____ | | 02 <input type="checkbox"/> OBSERVED (DATE _____) 04 NARRATIVE DESCRIPTION _____ | | POTENTIAL <input type="checkbox"/> ALLEGED <input type="checkbox"/> | |

EXECUTIVE SUMMARY

Bemis Company, Inc. 1/8 mile east of Sloan St. and Adams St., P.O. Box 568, Peoria, IL 61601, Peoria County, Lat. 40°-41'-28", Long. 089°-35'-30", East Peoria-180A. Owner address 800 Northstar Center, Minneapolis, Minnesota 55402 (612) 340-6180. Person to contact: Mr. Lawrence J. Rohman, Plant Engineer (309) 682-5406.

At this facility, there are three separate manufacturing operations: a repulping paper mill, a coating mill, and a multi wall bag converting plant. The paper mill consists of two small paper machines which produce approximately 13,000 tons of specialty grade of paper per year from a combination of recycled waste paper, virgin pulp, and used rope. The coating mill applies a clay-type coating to the paper base stock and then processes the paper through finishing operations. Approximately 8,000 tons of paper are processed at this operation annually. The multiwall bag converting plant processes approximately 37,000 tons of paper and 1,000 tons of polyethylene per year into multiwall shipping bags.

Steam and electricity for process and heat requirement at the Bemis facility are provided by two boilers, the primary boiler is a 100 MM/BTU/HR. rated input coal-fired boiler. Coal is pulverized and blown into the boiler, with oil used for ignition and low fire standby. A second 90 MM/BTU/M rated input oil-fired boiler is used as a standby unit. Emissions from the primary boiler are controlled by a centrifugal dust collector and an electrostatic percipitator. This company has an air pollution problem with sulfur dioxide (enclosed is a history of their problems).

There are two flexographic and two offset presses at this facility. These presses are rather small and use water-base ink and less than 750 gallons/year of organic solvent is used. No operating permits are required for the presses.

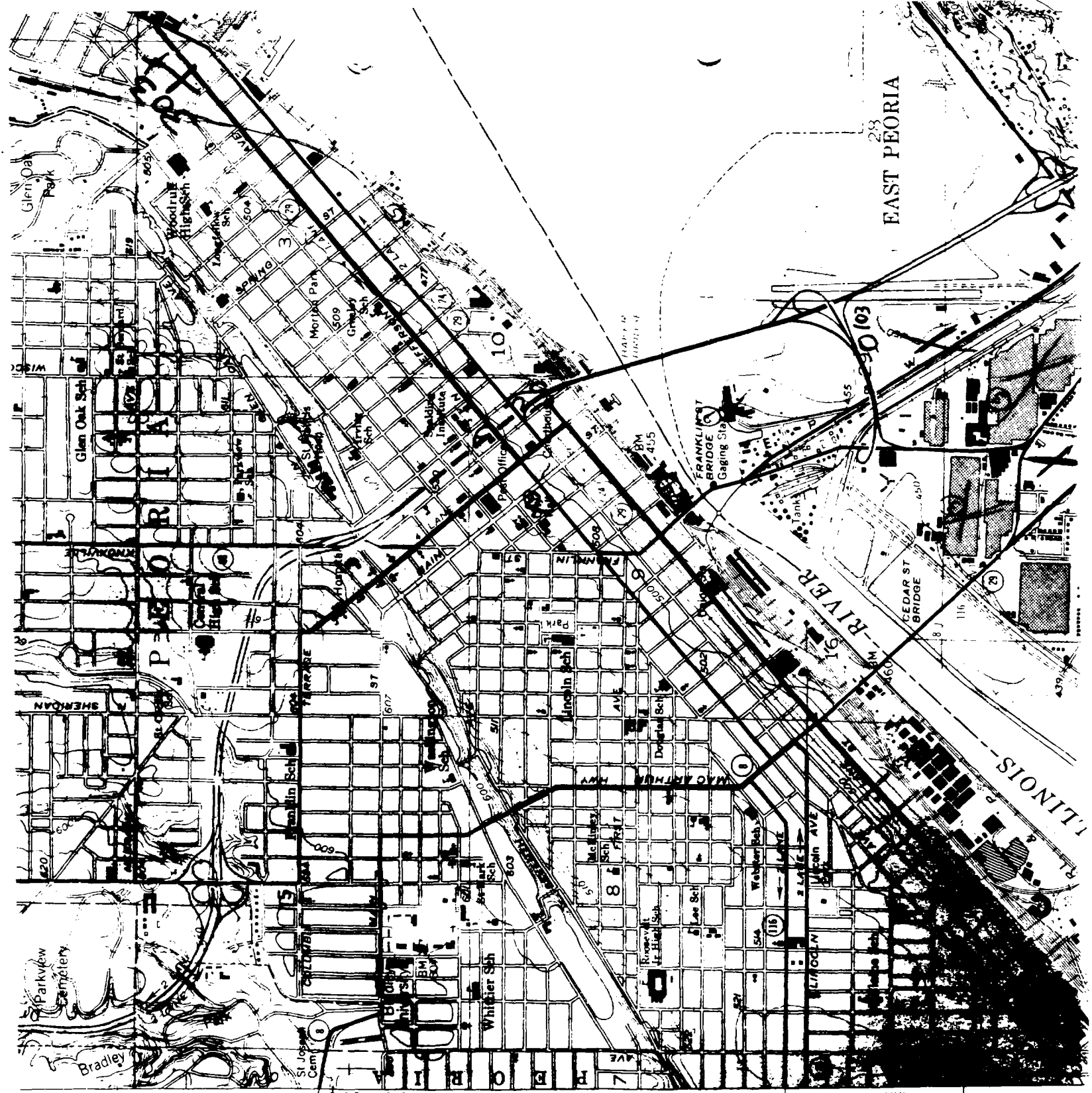
All of their waste water is discharged into the Peoria Sanitary District Sewer System.

All the fly ash is hauled off site to an IEPA permitted landfill. The hazardous waste that is generated is stored in 55-gallon drums and is shipped to an IEPA permitted landfill or a recycling plant.

This Agency recommends that the F.I.T. contractor take air samples in and around the site and check for high emission of sulfur dioxide from their boiler stack.

This Agency recommends a low priority inspection for this facility.

LW:mkb:S/139



EAST PEORIA

FARMINGTON 20 MI
HANNA CITY 9.2 MI

3065 11 NW
(PEORIA WEST)

ELWOOD 21 MI
POTTSTOWN 2.3 MI

T 9 N
T 8 N

42'30"

4510

4508

EPA Notification of Hazardous Waste Site

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981.

Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies. *812628*

810608

IL #388

1LS-000-001-028

Enter the name and address of the person or organization required to notify.

Name Bemis Company, Inc.

Street ~~Foot of Sloan Street~~

SAME-AS- below

City Peoria

State III

Zip Code 61603

Enter the common name (if known) and actual location of the site.

Name of Site Bemis Company, Inc.

✓ Street ~~Foot of Sloan Street~~ $\frac{1}{8}$ mile E of SLOAN & ADAMS

CITY Peoria

County Peoria

State Ill

Zip Code 61603

Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.

Name (Last, First and Title) Rohman, Lawrence, Plant Eng.-Paper Mill

Phone 309-682-5406

Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site.

From (Year) 1976

To (Year) ~~Present~~ 1981

Option 1: Select general waste types and source categories. If you do not know the general waste types or sources, you are encouraged to describe the site in Item 1—Description of Site.

General Type of Waste:
Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.

Place an X in the appropriate boxes.

1. ☐ Organics
2. ☐ Inorganics
3. ☐ Solvents
4. ☐ Pesticides
5. ☐ Heavy metals
6. ☐ Acids
7. ☐ Bases
8. ☐ PCBs
9. ☐ Mixed Municipal Waste
10. ☐ Unknown
11. ☐ Other (Specify)

1. ☐ Mining
2. ☐ Construction
3. ☐ Textiles
4. ☐ Fertilizer
5. ☐ Paper/Printing
6. ☐ Leather Tanning
7. ☐ Iron/Steel Foundry
8. ☐ Chemical, General
9. ☐ Plating/Polishing
10. ☐ Military/Ammunition
11. ☐ Electrical Conductors
12. ☐ Transformers
13. ☐ Utility Companies
14. ☐ Sanitary/Refuse
15. ☐ Photofinish
16. ☐ Lab/Hospital
17. ☐ Unknown
18. ☐ Other (Specify)

Option 2: This option is available to persons familiar with the Resource Conservation and Recovery Act (RCRA) Section 3001 regulations (40 CFR Part 261).

EPA has assigned a four-digit number to each hazardous waste listed in the regulations under Section 3001 of RCRA. Enter the appropriate four-digit number in the boxes provided. A copy of the list of hazardous wastes and codes can be obtained by contacting the EPA Region serving the State in which the site is located.

| |
|------|
| D001 |
| D002 |
| U210 |
| U226 |
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15 1581

Notification of Hazardous Waste Site

Side Two

F Waste Quantity:

Place an X in the appropriate boxes to indicate the facility types found at the site.

In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.

In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.

Facility Type

1. ☐ Piles
2. ☐ Land Treatment
3. ☐ Landfill
4. ☐ Tanks
5. ☐ Impoundment
6. ☐ Underground Injection
7. ☒ Drums, Above Ground
8. ☐ Drums, Below Ground
9. ☐ Other (Specify) _____

Total Facility Waste Amount

cubic feet

gallons 800 **G****Total Facility Area**square feet 1500 **S**

acres

G Known, Suspected or Likely Releases to the Environment:

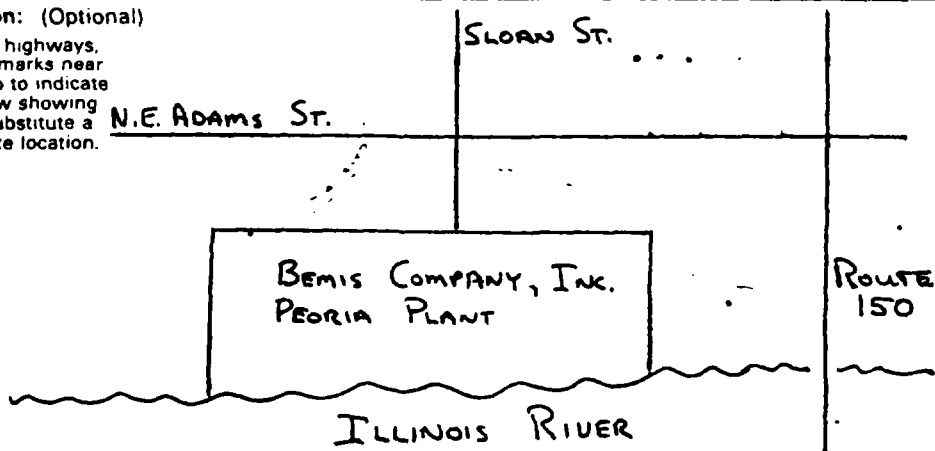
Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment.

☐ Known ☐ Suspected ☐ Likely ☒ None

Note: Items H and I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.

H Sketch Map of Site Location: (Optional)

Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.

**I Description of Site: (Optional)**

Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.

This site is located on the near north side of the city of Peoria. The area is bounded by light industrial and commercial businesses and the Illinois River. The plant started operation in the 1920's and has approximately 450 employees.

This location contains a paper mill and a paper bag factory. The hazardous waste is generated and stored at this location until proper disposal or re-cycling can be accomplished. The waste is stored in drums and approximately only (15) 55-gallon drums of hazardous waste will be at this location at any one time. No disposal or re-cycling takes place at this site. Our Federal EPA I.D. number is ILD 006215727.

J Signature and Title:

The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other".

Name Thomas P. Calbos

Street

City

State

Zip Code

Signature

Date 6/8/87

- ☐ Owner, Present
☐ Owner, Past
☐ Transporter
☒ Operator, Present
☐ Operator, Past
☐ Other

[illegible][illegible]